U.S. Depertment of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

16 mm 1	NSTRUCTIONS CAREFUL	LY BEFOR	RE PREPARING THIS REPORT.	
E AUG 1 22000				
OLMS DIV		<u> </u>		
1. File Number U - 575		2. Fiscal	Year Covered From:	
		un constant	1 / 1 / 2004 Through:	12 / 31 / 2004
3. Name and address of person filing.		4. Name	file number, and address of labor org	anization.
Name Jeffrey Benavid	2 Z	Name	International Association	on of Iron Workers #66
		Labor	Organization File Number 023-62	American paragraphy 5 de de la company de l
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any		
Street 4318 Clark Ave.		Street	4318 Clark Ave.	
City San Antonio	00000000000000000000000000000000000000	City	San Antonio	
State Texas ZIP Co	ode + 4 78223	State	Texas	ZIP Code + 4 78223
5. Position in labor organization. Business Manager				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade na		Γ	re of Interest, Transaction, or Income.	
Name		CONTRACTOR AND		постория в
Trade Name, if any:		Con margin avoid a garage avoid		
P.O. Box, Bldg., Room No., if any		7.b. Amo		
Street		7.b. Amo	uni.	
City				
State ZIP Co	de +4			
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true correct, and complete. (See the section on penalties in the instructions.)				
Signed fifth any 15 langua	villez	On	<u>B-//-05</u> Date To	elephone Number

Mame of Person Filing Jeffrey Benavidez	File Number U -
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization. 8. Name and address of Business (including trade name, if any). Name Barrow, Hanley, MeWhinney & Strauss Trade Name, if any: P.O. Box, Bldg., Room No., if any One McKinney Plaza 15th F1 Street 3232 McKinney Ave. City Dallas	lue from a business (1) a wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
State Texas ZIP Code + 4 75204 - 2429	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Texas Ironworkers Trust Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 400 Street 9555 W. Sam Houston Pkwy S	11.a. Nature of such dealing. Investment Manager
	11.b. Approximate dollar value of such dealing. \$630,553
City Houston State Texas ZIP Code + 4 77099	12.a. Nature of interest held or income received. April 19, 2004 Texas Ironworkers Reception Lakeway Inn and Conference Center
	12.b. Amount. \$57

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	song			
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			